Print Form

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ⊗

Report Period: ⊗ January/June ○ July/December

Type of Lobbying: ⊗ Nonprocurement ○ Procurement ○ Both

Client Filing Fee Check Number: 5932

FOR OFFICE USE ONLY
cjn
Amendment
JUL 15 2013
Amended to include SOF

II Client Information

Name: IROQUOIS HEALTHCARE ALLIANCE

Permanent Business Address: 15 EXECUTIVE PARK DRIVE

City: CLIFTON PARK State: NY ZIP code: 12065

Business Phone: 518-383-5060 Fax Number: 518-383-2616

Third Party Beneficiary (see instructions): N/A

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ○ Retained ○ Employed ○ Designated
Level of Gov't: ○ State Lobbying ○ Local Lobbying ○ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: $ .00

B Type of Lobbyist: ○ Retained ○ Employed ○ Designated
Level of Gov't: ○ State Lobbying ○ Local Lobbying ○ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: $ .00

C Type of Lobbyist: ○ Retained ○ Employed ○ Designated
Level of Gov't: ○ State Lobbying ○ Local Lobbying ○ Both
Name: Phone Number:
Address:
City: State: ZIP code:
Compensation for current period: $ .00

○ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): $ .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to $75: $ .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: $ .00

C Itemize each expense exceeding $75:

PAID TO: DATE: / / ○ Ad ○ Social Event

PURPOSE: AMOUNT: $ .00 ○ *Addendum attached

○ PROCUREMENT ○ NONPROCUREMENT

PAID TO: DATE: / / ○ Ad ○ Social Event

PURPOSE: AMOUNT: $ .00 ○ *Addendum attached

○ PROCUREMENT ○ NONPROCUREMENT

○ Continued on attached pages

* If any expense listed above exceeds $75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: $ .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: LEWIS COUNTY GENERAL HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 7785 NORTH STATE STREET

City: LOWVILLE State: NY ZIP code: 13367

Phone: 315-376-5200

Date Contribution Received:	4 / 17 / 2013	Amount of Contribution:	$ 2383.91	.00
Date Contribution Received:	1 / 24 / 2013	Amount of Contribution:	$ 2437.90	.00
Date Contribution Received:	1 / 24 / 2013	Amount of Contribution:	$ 2437.90	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contribution(s) Single Source #2

Single Source Entity's Name: ST. ELIZABETH MEDICAL CENTER
or
Single Source Person's Last Name: First Name:

Address: 2209 GENESEE STREET

City: UTICA State: NY ZIP code: 13501

Phone: 315-798-8100

Date Contribution Received:	4 / 29 / 2013	Amount of Contribution:	$ 3981.80	.00
Date Contribution Received:	6 / 10 / 2013	Amount of Contribution:	$ 3981.80	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ⊗

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A **Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.**

Contributions from Single Source #3

Single Source Entity's Name: ALICE HYDE MEDICAL CENTER
or
Single Source Person's Last Name: First Name:

Address: 133 PARK STREET

City: MALONE State: NY ZIP code: 12953

Phone: 518-483-3000

Date Contribution Received:	4	/19	/2013	Amount of Contribution: $2504.29	.00
Date Contribution Received:	6	/17	/2013	Amount of Contribution: $2504.29	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 4

Single Source Entity's Name: CANTON-POTSDAM HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 50 LEROY STREET

City: POTSDAM State: NY ZIP code: 13676

Phone: 315-265-3300

Date Contribution Received:	4	/4	/2013	Amount of Contribution: $ 2592.29	.00
Date Contribution Received:	4	/29	/2013	Amount of Contribution: $ 2592.29	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 5

Single Source Entity's Name: LOURDES HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 169 RIVERSIDE DRIVE

City: BINGHAMTON State: NY ZIP code: 13905

Phone: 607-798-5111

Date Contribution Received:	4	/1	/2013	Amount of Contribution: $5502.03	.00
Date Contribution Received:	5	/24	/2013	Amount of Contribution: $5502.03	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A **Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.**

Contributions from Single Source # ~~8~~ 6

Single Source Entity's Name: AUBURN COMMUNITY HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 17 LANSING STREET

City: AUBURN State: NY ZIP code: 13021

Phone: 315-255-7011

Date Contribution Received:	4	/17	/ 2013	Amount of Contribution: $2678.83	.00
Date Contribution Received:	6	/26	/ 2013	Amount of Contribution: $2678.83	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 7

Single Source Entity's Name: OSWEGO HEALTH
or
Single Source Person's Last Name: First Name:

Address: 110 WEST SIXTH STREET

City: OSWEGO State: NY ZIP code: 13126

Phone: 315-349-5511

Date Contribution Received:	3	/ 4	/ 2013	Amount of Contribution: $ 2851.75	.00
Date Contribution Received:	4	/ 22	/ 2013	Amount of Contribution: $ 2851.75	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 8

Single Source Entity's Name: COLUMBIA MEMORIAL HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 71 PROSPECT AVENUE

City: HUDSON State: NY ZIP code: 12534

Phone: 518-828-7601

Date Contribution Received:	4	/15	/ 2013	Amount of Contribution: $3026.13	.00
Date Contribution Received:	5	/13	/ 2013	Amount of Contribution: $3026.13	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A **Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.**

Contributions from Single Source # ~~3~~ 9

Single Source Entity's Name: A.O. FOX MEMORIAL HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: ONE NORTON AVENUE

City: ONEONTA State: NY ZIP code: 13820

Phone: 607-432-2000

Date Contribution Received:	3	/13	/2013	Amount of Contribution: $3049.75	.00
Date Contribution Received:	3	/13	/2013	Amount of Contribution: $3049.75	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 10

Single Source Entity's Name: CLAXTON-HEPBURN MEDICAL CENTER
or
Single Source Person's Last Name: First Name:

Address: 214 KING STREET

City: OGDENSBURG State: NY ZIP code: 13669

Phone: 315-393-3600

Date Contribution Received:	1	/7	/2013	Amount of Contribution: $ 3049.75	.00
Date Contribution Received:	4	/15	/2013	Amount of Contribution: $ 3049.75	.00
Date Contribution Received:	6	/10	/2013	Amount of Contribution: $ 3049.75	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 11

Single Source Entity's Name: NATHAN LITTAUER HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 99 EAST STATE STREET

City: GLOVERSVILLE State: NY ZIP code: 12078

Phone: 518-725-8621

Date Contribution Received:	3	/4	/2013	Amount of Contribution: $3049.75	.00
Date Contribution Received:	4	/22	/2013	Amount of Contribution: $3049.75	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A **Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.**

Contributions from Single Source #~~3~~ 18

Single Source Entity's Name: FAXTON ST. LUKE'S HEALTHCARE
or
Single Source Person's Last Name: First Name:

Address: 1656 CHAMPLIN AVENUE

City: UTICA State: NY ZIP code: 13503

Phone: 315-624-6000

Date Contribution Received:	2	/28	/2013	Amount of Contribution: $5705.46	.00
Date Contribution Received:	4	/19	/2013	Amount of Contribution: $5705.46	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 19

Single Source Entity's Name: GLENS FALLS HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 100 PARK STREET

City: GLENS FALLS State: NY ZIP code: 12801

Phone: 518-926-1000

Date Contribution Received:	3	/8	/2013	Amount of Contribution: $ 5910.62	.00
Date Contribution Received:	4	/15	/2013	Amount of Contribution: $ 5910.62	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 20

Single Source Entity's Name: ELLIS MEDICINE
or
Single Source Person's Last Name: First Name:

Address: 1101 NOTT STREET

City: SCHENECTADY State: NY ZIP code: 12308

Phone: 518-243-4000

Date Contribution Received:	6	/14	/2013	Amount of Contribution: $6522.83	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A **Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.**

Contributions from Single Source # ~~3~~ 21

Single Source Entity's Name: ST. JOSEPH'S HOSPITAL HEALTH CARE
or
Single Source Person's Last Name: First Name:

Address: 301 PROSPECT AVENUE

City: SYRACUSE State: NY ZIP code: 13203

Phone: 315-448-5111

Date Contribution Received:	3	/4 / 2013	Amount of Contribution:	$6866.57	.00
Date Contribution Received:	4	/16 / 2013	Amount of Contribution:	$6866.57	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 22

Single Source Entity's Name: BASSETT MEDICAL CENTER
or
Single Source Person's Last Name: First Name:

Address: ONE ATWELL ROAD

City: COOPERSTOWN State: NY ZIP code: 13326

Phone: 607-547-3921

Date Contribution Received:	3	/ 20 / 2013	Amount of Contribution:	$ 7058.19	.00
Date Contribution Received:	5	/ 8 / 2013	Amount of Contribution:	$ 7058.19	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # 23

Single Source Entity's Name: ALBANY MEDICAL CENTER HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 43 NEW SCOTLAND AVENUE

City: ALBANY State: NY ZIP code: 12208

Phone: 518-262-3125

Date Contribution Received:	3	/7 / 2013	Amount of Contribution:	$9164.18	.00
Date Contribution Received:	5	/17 / 2013	Amount of Contribution:	$9164.18	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A **Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.**

Contributions from Single Source #~~3~~ 24

Single Source Entity's Name: UPSTATE UNIVERSITY HOSPITAL
or
Single Source Person's Last Name: First Name:

Address: 750 EAST ADAMS STREET

City: SYRACUSE State: NY ZIP code: 13210

Phone: 315-464-5540

Date Contribution Received:	5	/1 /2013	Amount of Contribution:	$2424.34	.00
Date Contribution Received:	4	/22 /2013	Amount of Contribution:	$41221.41	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00
Date Contribution Received:		/ /	Amount of Contribution:	$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source # ____

Single Source Entity's Name:
or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Contributions from Single Source #_____

Single Source Entity's Name:
or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00
Date Contribution Received:	/ /	Amount of Contribution:	$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ○

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Single Source #1

Related or Affiliated Entity or Person: UNITED HEALTH SERVICES

Entity's or Person's Full Name:

Entity's or Person's Address: 33-57 HARRISON STREET, JOHNSON CITY, NY 13790

Entity's or Person's Phone: 607-763-6000

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	3	/8	/2013	Amount of Contribution: $ 7748.97	.00
Date Contribution Received:	5	/3	/2013	Amount of Contribution: $ 7748.97	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Single Source #2

Related or Affiliated Entity or Person: SAMARITAN HOSPITAL

Entity's or Person's Full Name:

Entity's or Person's Address: 2215 BURDETT AVENUE, TROY, NY 12180

Entity's or Person's Phone: 518-271-3300

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	3	/1	/2013	Amount of Contribution: $ 3458.53	.00
Date Contribution Received:	4	/18	/2013	Amount of Contribution: $ 3458.53	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Related or Affiliated Entity or Person: ALBANY MEMORIAL HOSPITAL

Entity's or Person's Full Name:

Entity's or Person's Address: 600 NORTHERN BOULEVARD, ALBANY, NY 12204

Entity's or Person's Phone: 518-471-3221

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	3	/4	/2013	Amount of Contribution: $ 3049.75	.00
Date Contribution Received:	4	/26	/2013	Amount of Contribution: $ 3049.75	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

B **Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.**

Single Source #2

Related or Affiliated Entity or Person: SUNNYVIEW REHABILITATION HOSPITAL

Entity's or Person's Full Name:

Entity's or Person's Address: 1270 BELMONT AVENUE, SCHENECTADY, NY 12308

Entity's or Person's Phone: 518-382-4500

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	2	/28	/2013	Amount of Contribution: $ 2477.54	.00
Date Contribution Received:	4	/18	/2013	Amount of Contribution: $ 2477.54	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00
Date Contribution Received:		/	/	Amount of Contribution: $	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00

Single Source #

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00
Date Contribution Received:	/	/	Amount of Contribution: $	.00

VI Subjects lobbied:

○ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

○ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

○ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

○ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

○ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

○ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X **SIGNATURE:** Deborah K Dennis **DATE:** July 12, 2013

PRINT NAME: LAST DENNIS **FIRST** DEBORAH

TITLE: SENIOR VICE PRESIDENT, CFO/COO

Mark One: ⊗ Chief Administrative Officer ○ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

--You must attach a **$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)

--If applicable, a designation letter if you have marked designee in section XI.

--If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to $25 for each day this report is late.